

CERTIFICATE OF DEATH

Reg. Dist. No.

3519

1. PLACE OF DEATH o. COUNTY St. Marys MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Marys			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS Rural			
3. NAME OF DECEASED (Type or print) First Joseph Middle Claude Last Buckler				4. DATE OF DEATH Month March Day 11 Year 19 59			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 / 28 / 1905		9. AGE (In years last birthday) 53 yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard L. Buckler				14. MOTHER'S MAIDEN NAME Sadie V. Burroughs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 219-05-3692		17. INFORMANT Howard Buckler - Leonardtown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute haemorrhagic Pancreatitis DUE TO 322.2 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Acute cholecystitis DUE TO (c) Alcoholism						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from 3-9 , 19 57 , to 3-11 , 19 59 , that I last saw the deceased alive on 3-11 , 19 59 , and that death occurred at 3:30 PM , from the causes and on the date stated above.							
ACTUAL SIGNATURE David L. Mossman M.D.				ADDRESS (Street, city or town, state) Mechanicsville, Md.			
PHYSICIAN'S NAME (Type) David L. Mossman MD				DATE SIGNED 3-11-59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/14/59		22c. NAME OF CEMETERY OR CREMATORY St. Joseph		22d. LOCATION (City, town, or county) (State) Morganza, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.				24a. REC'D BY REGISTRAR DATE MAR 19 59		24b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03513

3520

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mechanicsville		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dorothy Teresa Countiss		4. DATE OF DEATH March 2, 1959	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) yrs. 26
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Countiss		14. MOTHER'S MAIDEN NAME Rachel Reed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Walter Countiss		Address Mechanicsville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown 754.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Congenital heart disease - (patent since birth ductus arteriosus) (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH Instant
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 1, 1959 to Mar 2, 1959 , that I last saw the deceased alive on Feb 23, 1959 , and that death occurred at 10:30 M, from the causes and on the date stated above.			
ACTUAL SIGNATURE Roy E. [Signature]		ADDRESS (Street, city or town, state) DATE SIGNED Mechanicsville, Md 3/3/59	
PHYSICIAN'S NAME (Type) Mechanicsville, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/5/59	22c. NAME OF CEMETERY OR CREMATORY St. Joseph	22d. LOCATION (City, town, or county) (State) Morganza, Md.
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		ADDRESS Leonardtown, Md.	
24a. REC'D BY REGISTRAR MAR 5 '59		24b. REGISTRAR'S SIGNATURE Arthur E. [Signature]	

325

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03514

3521

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn		c. LENGTH OF STAY IN 1b D.O.A.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park X	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Mary's Hospital			d. STREET ADDRESS 305 Yorktown Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles Franklin Deane			4. DATE OF DEATH March 5, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1877		9. AGE (in years last birthday) 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Works		10b. KIND OF BUSINESS OR INDUSTRY Naval Air Sta.		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME William Jackson Deane			14. MOTHER'S MAIDEN NAME Mary Buckley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Elizabeth Deane Address 305 York Town, Road	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary occlusion Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH immed					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)		20g. (County)		20h. (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE W.D. Boyd		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 3/7/59	
EXAMINER'S NAME (Type) William D. Boyd M.D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/8/59		22c. NAME OF CEMETERY OR CREMATORY Stanardsville	
22d. LOCATION (City, town, or county) Stanardsville, Va.		22e. (State)			
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley			23b. REGISTRAR'S SIGNATURE Arthur S. Kline		
ADDRESS Leonardtwn, Md.			24b. REC'D BY REGISTRAR DATE MAR 10 '59		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Medical Examiner	
10. Signature of Coroner		11. Signature of Registrar		12. Signature of Burial Officer	
13. Signature of Undertaker		14. Signature of Funeral Home		15. Signature of Cemetery	
16. Signature of Church		17. Signature of Minister		18. Signature of Family	
19. Signature of Friends		20. Signature of Neighbors		21. Signature of Community	
22. Signature of State		23. Signature of Nation		24. Signature of World	
25. Signature of Universe		26. Signature of Cosmos		27. Signature of Galaxy	
28. Signature of Solar System		29. Signature of Planet		30. Signature of Moon	
31. Signature of Ocean		32. Signature of Sea		33. Signature of Lake	
34. Signature of River		35. Signature of Stream		36. Signature of Brook	
37. Signature of Pond		38. Signature of Swamp		39. Signature of Marsh	
40. Signature of Field		41. Signature of Meadow		42. Signature of Pasture	
43. Signature of Forest		44. Signature of Woods		45. Signature of Grove	
46. Signature of Park		47. Signature of Garden		48. Signature of Yard	
49. Signature of Street		50. Signature of Road		51. Signature of Highway	
52. Signature of Bridge		53. Signature of Tunnel		54. Signature of Port	
55. Signature of Harbor		56. Signature of Bay		57. Signature of Sound	
58. Signature of Strait		59. Signature of Canal		60. Signature of Lock	
61. Signature of Dam		62. Signature of Weir		63. Signature of Mill	
64. Signature of Factory		65. Signature of Warehouse		66. Signature of Store	
67. Signature of Office		68. Signature of School		69. Signature of Church	
70. Signature of Hospital		71. Signature of Prison		72. Signature of Jail	
73. Signature of Court		74. Signature of Government		75. Signature of Nation	
76. Signature of World		77. Signature of Universe		78. Signature of Cosmos	
79. Signature of Galaxy		80. Signature of Solar System		81. Signature of Planet	
82. Signature of Moon		83. Signature of Ocean		84. Signature of Sea	
85. Signature of Lake		86. Signature of River		87. Signature of Stream	
88. Signature of Brook		89. Signature of Pond		90. Signature of Swamp	
91. Signature of Marsh		92. Signature of Field		93. Signature of Meadow	
94. Signature of Pasture		95. Signature of Forest		96. Signature of Woods	
97. Signature of Grove		98. Signature of Park		99. Signature of Garden	
100. Signature of Yard		101. Signature of Street		102. Signature of Road	
103. Signature of Highway		104. Signature of Bridge		105. Signature of Tunnel	
106. Signature of Port		107. Signature of Harbor		108. Signature of Bay	
109. Signature of Sound		110. Signature of Strait		111. Signature of Canal	
112. Signature of Lock		113. Signature of Dam		114. Signature of Weir	
115. Signature of Mill		116. Signature of Factory		117. Signature of Warehouse	
118. Signature of Store		119. Signature of Office		120. Signature of School	
121. Signature of Church		122. Signature of Hospital		123. Signature of Prison	
124. Signature of Jail		125. Signature of Court		126. Signature of Government	
127. Signature of Nation		128. Signature of World		129. Signature of Universe	
130. Signature of Cosmos		131. Signature of Galaxy		132. Signature of Solar System	
133. Signature of Planet		134. Signature of Moon		135. Signature of Ocean	
136. Signature of Sea		137. Signature of Lake		138. Signature of River	
139. Signature of Stream		140. Signature of Brook		141. Signature of Pond	
142. Signature of Swamp		143. Signature of Marsh		144. Signature of Field	
145. Signature of Meadow		146. Signature of Pasture		147. Signature of Forest	
148. Signature of Woods		149. Signature of Grove		150. Signature of Park	
151. Signature of Garden		152. Signature of Yard		153. Signature of Street	
154. Signature of Road		155. Signature of Highway		156. Signature of Bridge	
157. Signature of Tunnel		158. Signature of Port		159. Signature of Harbor	
160. Signature of Bay		161. Signature of Sound		162. Signature of Strait	
163. Signature of Canal		164. Signature of Lock		165. Signature of Dam	
166. Signature of Weir		167. Signature of Mill		168. Signature of Factory	
169. Signature of Warehouse		170. Signature of Store		171. Signature of Office	
172. Signature of School		173. Signature of Church		174. Signature of Hospital	
175. Signature of Prison		176. Signature of Jail		177. Signature of Court	
178. Signature of Government		179. Signature of Nation		180. Signature of World	
181. Signature of Universe		182. Signature of Cosmos		183. Signature of Galaxy	
184. Signature of Solar System		185. Signature of Planet		186. Signature of Moon	
187. Signature of Ocean		188. Signature of Sea		189. Signature of Lake	
190. Signature of River		191. Signature of Stream		192. Signature of Brook	
193. Signature of Pond		194. Signature of Swamp		195. Signature of Marsh	
196. Signature of Field		197. Signature of Meadow		198. Signature of Pasture	
199. Signature of Forest		200. Signature of Woods		201. Signature of Grove	
202. Signature of Park		203. Signature of Garden		204. Signature of Yard	
205. Signature of Street		206. Signature of Road		207. Signature of Highway	
208. Signature of Bridge		209. Signature of Tunnel		210. Signature of Port	
211. Signature of Harbor		212. Signature of Bay		213. Signature of Sound	
214. Signature of Strait		215. Signature of Canal		216. Signature of Lock	
217. Signature of Dam		218. Signature of Weir		219. Signature of Mill	
220. Signature of Factory		221. Signature of Warehouse		222. Signature of Store	
223. Signature of Office		224. Signature of School		225. Signature of Church	
226. Signature of Hospital		227. Signature of Prison		228. Signature of Jail	
229. Signature of Court		230. Signature of Government		231. Signature of Nation	
232. Signature of World		233. Signature of Universe		234. Signature of Cosmos	
235. Signature of Galaxy		236. Signature of Solar System		237. Signature of Planet	
238. Signature of Moon		239. Signature of Ocean		240. Signature of Sea	
241. Signature of Lake		242. Signature of River		243. Signature of Stream	
244. Signature of Brook		245. Signature of Pond		246. Signature of Swamp	
247. Signature of Marsh		248. Signature of Field		249. Signature of Meadow	
250. Signature of Pasture		251. Signature of Forest		252. Signature of Woods	
253. Signature of Grove		254. Signature of Park		255. Signature of Garden	
256. Signature of Yard		257. Signature of Street		258. Signature of Road	
259. Signature of Highway		260. Signature of Bridge		261. Signature of Tunnel	
262. Signature of Port		263. Signature of Harbor		264. Signature of Bay	
265. Signature of Sound		266. Signature of Strait		267. Signature of Canal	
268. Signature of Lock		269. Signature of Dam		270. Signature of Weir	
271. Signature of Mill		272. Signature of Factory		273. Signature of Warehouse	
274. Signature of Store		275. Signature of Office		276. Signature of School	
277. Signature of Church		278. Signature of Hospital		279. Signature of Prison	
280. Signature of Jail		281. Signature of Court		282. Signature of Government	
283. Signature of Nation		284. Signature of World		285. Signature of Universe	
286. Signature of Cosmos		287. Signature of Galaxy		288. Signature of Solar System	
289. Signature of Planet		290. Signature of Moon		291. Signature of Ocean	
292. Signature of Sea		293. Signature of Lake		294. Signature of River	
295. Signature of Stream		296. Signature of Brook		297. Signature of Pond	
298. Signature of Swamp		299. Signature of Marsh		300. Signature of Field	
301. Signature of Meadow		302. Signature of Pasture		303. Signature of Forest	
304. Signature of Woods		305. Signature of Grove		306. Signature of Park	
307. Signature of Garden		308. Signature of Yard		309. Signature of Street	
310. Signature of Road		311. Signature of Highway		312. Signature of Bridge	
313. Signature of Tunnel		314. Signature of Port		315. Signature of Harbor	
316. Signature of Bay		317. Signature of Sound		318. Signature of Strait	
319. Signature of Canal		320. Signature of Lock		321. Signature of Dam	
322. Signature of Weir		323. Signature of Mill		324. Signature of Factory	
325. Signature of Warehouse		326. Signature of Store		327. Signature of Office	
328. Signature of School		329. Signature of Church		330. Signature of Hospital	
331. Signature of Prison		332. Signature of Jail		333. Signature of Court	
334. Signature of Government		335. Signature of Nation		336. Signature of World	
337. Signature of Universe		338. Signature of Cosmos		339. Signature of Galaxy	
340. Signature of Solar System		341. Signature of Planet		342. Signature of Moon	
343. Signature of Ocean		344. Signature of Sea		345. Signature of Lake	
346. Signature of River		347. Signature of Stream		348. Signature of Brook	
349. Signature of Pond		350. Signature of Swamp		351. Signature of Marsh	
352. Signature of Field		353. Signature of Meadow		354. Signature of Pasture	
355. Signature of Forest		356. Signature of Woods		357. Signature of Grove	
358. Signature of Park		359. Signature of Garden		360. Signature of Yard	
361. Signature of Street		362. Signature of Road		363. Signature of Highway	
364. Signature of Bridge		365. Signature of Tunnel		366. Signature of Port	
367. Signature of Harbor		368. Signature of Bay		369. Signature of Sound	
370. Signature of Strait		371. Signature of Canal		372. Signature of Lock	
373. Signature of Dam		374. Signature of Weir		375. Signature of Mill	
376. Signature of Factory		377. Signature of Warehouse		378. Signature of Store	
379. Signature of Office		380. Signature of School		381. Signature of Church	
382. Signature of Hospital		383. Signature of Prison		384. Signature of Jail	
385. Signature of Court		386. Signature of Government		387. Signature of Nation	
388. Signature of World		389. Signature of Universe		390. Signature of Cosmos	
391. Signature of Galaxy		392. Signature of Solar System		393. Signature of Planet	
394. Signature of Moon		395. Signature of Ocean		396. Signature of Sea	
397. Signature of Lake		398. Signature of River		399. Signature of Stream	
400. Signature of Brook		401. Signature of Pond		402. Signature of Swamp	
403. Signature of Marsh		404. Signature of Field		405. Signature of Meadow	
406. Signature of Pasture		407. Signature of Forest		408. Signature of Woods	
409. Signature of Grove		410. Signature of Park		411. Signature of Garden	
412. Signature of Yard		413. Signature of Street		414. Signature of Road	
415. Signature of Highway		416. Signature of Bridge		417. Signature of Tunnel	
418. Signature of Port		419. Signature of Harbor		420. Signature of Bay	
421. Signature of Sound		422. Signature of Strait		423. Signature of Canal	
424. Signature of Lock		425. Signature of Dam		426. Signature of Weir	
427. Signature of Mill		428. Signature of Factory		429. Signature of Warehouse	
430. Signature of Store		431. Signature of Office		432. Signature of School	
433. Signature of Church		434. Signature of Hospital		435. Signature of Prison	
436. Signature of Jail		437. Signature of Court		438. Signature of Government	
439. Signature of Nation		440. Signature of World		441. Signature of Universe	
442. Signature of Cosmos		443. Signature of Galaxy		444. Signature of Solar System	
445. Signature of Planet		446. Signature of Moon		447. Signature of Ocean	
448. Signature of Sea		449. Signature of Lake		450. Signature of River	
451. Signature of Stream		452. Signature of Brook		453. Signature of Pond	
454. Signature of Swamp		455. Signature of Marsh		456. Signature of Field	
457. Signature of Meadow		458. Signature of Pasture		459. Signature of Forest	
460. Signature of Woods		461. Signature of Grove		462. Signature of Park	
463. Signature of Garden		464. Signature of Yard		465. Signature of Street	
466. Signature of Road		467. Signature of Highway		468. Signature of Bridge	
469. Signature of Tunnel		470. Signature of Port		471. Signature of Harbor	
472. Signature of Bay		473. Signature of Sound		474. Signature of Strait	
475. Signature of Canal		476. Signature of Lock		477. Signature of Dam	
478. Signature of Weir		479. Signature of Mill		480. Signature of Factory	
481. Signature of Warehouse		482. Signature of Store		483. Signature of Office	
484. Signature of School		485. Signature of Church		486. Signature of Hospital	
487. Signature of Prison		488. Signature of Jail		489. Signature of Court	
490. Signature of Government		491. Signature of Nation		492. Signature of World	
493. Signature of Universe		494. Signature of Cosmos		495. Signature of Galaxy	
496. Signature of Solar System		497. Signature of Planet		498. Signature of Moon	
499. Signature of Ocean		500. Signature of Sea		501. Signature of Lake	
502. Signature of River		503. Signature of Stream		504. Signature of Brook	
505. Signature of Pond		506. Signature of Swamp		507. Signature of Marsh	
508. Signature of Field		509. Signature of Meadow		510. Signature of Pasture	
511. Signature of Forest		512. Signature of Woods		513. Signature of Grove	
514. Signature of Park		515. Signature of Garden		516. Signature of Yard	
517. Signature of Street		518. Signature of Road		519. Signature of Highway	
520. Signature of Bridge		521. Signature of Tunnel		522. Signature of Port	
523. Signature of Harbor		524. Signature of Bay		525. Signature of Sound	
526. Signature of Strait		527. Signature of Canal		528. Signature of Lock	
529. Signature of Dam		530. Signature of Weir		531. Signature of Mill	
532. Signature of Factory		533. Signature of Warehouse		534. Signature of Store	
535. Signature of Office		536. Signature of School		537. Signature of Church	
538. Signature of Hospital		539. Signature of Prison		540. Signature of Jail	
541. Signature of Court		542. Signature of Government		543. Signature of Nation	
544. Signature of World		545. Signature of Universe		546. Signature of Cosmos	
547. Signature of Galaxy		548. Signature of Solar System		549. Signature of Planet	
550. Signature of Moon		551. Signature of Ocean		552. Signature of Sea	
553. Signature of Lake		554. Signature of River		555. Signature of Stream	
556. Signature of Brook		557. Signature of Pond		558. Signature of Swamp	
559. Signature of Marsh		560. Signature of Field		561. Signature of Meadow	
562. Signature of Pasture		563. Signature of Forest		564. Signature of Woods	
565. Signature of Grove		566. Signature of Park		567. Signature of Garden	
568. Signature of Yard		569. Signature of Street		570. Signature of Road	
571. Signature of Highway		572. Signature of Bridge		573. Signature of Tunnel	
574. Signature of Port		575. Signature of Harbor		576. Signature of Bay	
577. Signature of Sound		578. Signature of Strait		579. Signature of Canal	
580. Signature of Lock		581. Signature of Dam		582. Signature of Weir	
583. Signature of Mill		584. Signature of Factory		585. Signature of Warehouse	
586. Signature of Store		587. Signature of Office		588. Signature of School	
589. Signature of Church		590. Signature of Hospital		591. Signature of Prison	
592. Signature of Jail		593. Signature of Court		594. Signature of Government	
595. Signature of Nation		596. Signature of World		597. Signature of Universe	
598. Signature of Cosmos		599. Signature of Galaxy		600. Signature of Solar System	
601. Signature of Planet		602. Signature of Moon		603. Signature of Ocean	
604. Signature of Sea		605. Signature of Lake		606. Signature of River	
607. Signature of Stream		608. Signature of Brook		609. Signature of Pond	
610. Signature of Swamp		611. Signature of Marsh		612. Signature of Field	
613. Signature of Meadow		614. Signature of Pasture		615. Signature of Forest	
616. Signature of Woods		617. Signature of Grove		618. Signature of Park	
619. Signature of Garden		620. Signature of Yard		621. Signature of Street	
622. Signature of Road		623. Signature of Highway		624. Signature of Bridge	
625. Signature of Tunnel		626. Signature of Port		627. Signature of Harbor	
628. Signature of Bay		629. Signature of Sound		630. Signature of Strait	
631. Signature of Canal		632. Signature of Lock		633. Signature of Dam	
634. Signature of Weir		635. Signature of Mill		636. Signature of Factory	
637. Signature of Warehouse		638. Signature of Store		639. Signature of Office	
640. Signature of School		641. Signature of Church		642. Signature of Hospital	
643. Signature of Prison		644. Signature of Jail		645. Signature of Court	
646. Signature of Government		647. Signature of Nation		648. Signature of World	
649. Signature of Universe		650. Signature of Cosmos		651. Signature of Galaxy	
652. Signature of Solar System		653. Signature of Planet		654. Signature of Moon	
655. Signature of Ocean		656. Signature of Sea		657. Signature of Lake	
658. Signature of River		659. Signature of Stream		660. Signature of Brook	
661. Signature of Pond		662. Signature of Swamp		663. Signature of Marsh	
664. Signature of Field		665. Signature of Meadow		666. Signature of Pasture	
667. Signature of Forest		668. Signature of Woods		669. Signature of Grove	
670. Signature of Park		671. Signature of Garden		672. Signature of Yard	
673. Signature of Street		674. Signature of Road		675. Signature of Highway	
676. Signature of Bridge		677. Signature of Tunnel		678. Signature of Port	
679. Signature of Harbor		680. Signature of Bay		681. Signature of Sound	
682. Signature of Strait		683. Signature of Canal		684. Signature of Lock	
685. Signature of Dam		686. Signature of Weir		687. Signature of Mill	
688. Signature of Factory		689. Signature of Warehouse		690. Signature of Store	
691. Signature of Office		692. Signature of School		693. Signature of Church	
694. Signature of Hospital		695. Signature of Prison		696. Signature of Jail	
697. Signature of Court		698. Signature of Government		699. Signature of Nation	
700. Signature of World		701. Signature of Universe		702. Signature of Cosmos	
703. Signature of Galaxy		704. Signature of Solar System		705. Signature of Planet	
706. Signature of Moon		707. Signature of Ocean		708. Signature of Sea	
709. Signature of Lake		710. Signature of River		711. Signature of Stream	
712. Signature of Brook		713. Signature of Pond		714. Signature of Swamp	
715. Signature of Marsh		716. Signature of Field		717. Signature of Meadow	
718. Signature of Pasture		719. Signature of Forest		720. Signature of Woods	
721. Signature of Grove		722. Signature of Park		723. Signature of Garden	
724. Signature of Yard		725. Signature of Street		726. Signature of Road	
727. Signature of Highway		728. Signature of Bridge		729. Signature of Tunnel	
730. Signature of Port		731. Signature of Harbor		732. Signature of Bay	
733. Signature of Sound		734. Signature of Strait		735. Signature of Canal	
736. Signature of Lock		737. Signature of Dam		738. Signature of Weir	
739. Signature of Mill		740. Signature of Factory		741. Signature of Warehouse	
742. Signature of Store		743. Signature of Office		744. Signature of School	
745. Signature of Church		746. Signature of Hospital		747. Signature of Prison	
748. Signature of Jail		749. Signature of Court		750. Signature of Government	
751. Signature of Nation		752. Signature of World		753. Signature of Universe	
754. Signature of Cosmos		75			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03515

CERTIFICATE OF DEATH

Reg. Dist. No.

3522

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn		c. LENGTH OF STAY IN 1b 12 days	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural x Oakley			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS 1	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Grace Middle Blackistone Last Dent		4. DATE OF DEATH Month March Day 21 , Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1865
9. AGE (In years last birthday) 93 yrs.		IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Z. D. Blackistone		14. MOTHER'S MAIDEN NAME Nannie Shanks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 	
17. INFORMANT Mazie D. Reaney		Address Oakley, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic cardiovascular disease DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 21, 1959 , to March 21, 1959 , that I last saw the deceased alive on 21 March 1959 , and that death occurred at 7:30 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Joseph E. Gill		ADDRESS (Street, city or town, state) Leonardtwn, Md.	
PHYSICIAN'S NAME (Type) Joseph E. Gill M.D.		DATE SIGNED 3/21/59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/23/59	22c. NAME OF CEMETERY OR CREMATORY All Saints	22d. LOCATION (City, town, or county) (State) Oakley, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		ADDRESS Leonardtwn, Md.	
24a. REC'D BY REGISTRAR DATE MAR 24 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Funeral Home		15. Signature of Burial Place	
16. Signature of Hospital		17. Signature of Cemetery		18. Signature of Undertaker		19. Signature of Burial Place		20. Signature of Registrar	
21. Signature of Coroner		22. Signature of Medical Examiner		23. Signature of Funeral Home		24. Signature of Burial Place		25. Signature of Registrar	
26. Signature of Coroner		27. Signature of Medical Examiner		28. Signature of Funeral Home		29. Signature of Burial Place		30. Signature of Registrar	
31. Signature of Coroner		32. Signature of Medical Examiner		33. Signature of Funeral Home		34. Signature of Burial Place		35. Signature of Registrar	
36. Signature of Coroner		37. Signature of Medical Examiner		38. Signature of Funeral Home		39. Signature of Burial Place		40. Signature of Registrar	
41. Signature of Coroner		42. Signature of Medical Examiner		43. Signature of Funeral Home		44. Signature of Burial Place		45. Signature of Registrar	
46. Signature of Coroner		47. Signature of Medical Examiner		48. Signature of Funeral Home		49. Signature of Burial Place		50. Signature of Registrar	
51. Signature of Coroner		52. Signature of Medical Examiner		53. Signature of Funeral Home		54. Signature of Burial Place		55. Signature of Registrar	
56. Signature of Coroner		57. Signature of Medical Examiner		58. Signature of Funeral Home		59. Signature of Burial Place		60. Signature of Registrar	
61. Signature of Coroner		62. Signature of Medical Examiner		63. Signature of Funeral Home		64. Signature of Burial Place		65. Signature of Registrar	
66. Signature of Coroner		67. Signature of Medical Examiner		68. Signature of Funeral Home		69. Signature of Burial Place		70. Signature of Registrar	
71. Signature of Coroner		72. Signature of Medical Examiner		73. Signature of Funeral Home		74. Signature of Burial Place		75. Signature of Registrar	
76. Signature of Coroner		77. Signature of Medical Examiner		78. Signature of Funeral Home		79. Signature of Burial Place		80. Signature of Registrar	
81. Signature of Coroner		82. Signature of Medical Examiner		83. Signature of Funeral Home		84. Signature of Burial Place		85. Signature of Registrar	
86. Signature of Coroner		87. Signature of Medical Examiner		88. Signature of Funeral Home		89. Signature of Burial Place		90. Signature of Registrar	
91. Signature of Coroner		92. Signature of Medical Examiner		93. Signature of Funeral Home		94. Signature of Burial Place		95. Signature of Registrar	
96. Signature of Coroner		97. Signature of Medical Examiner		98. Signature of Funeral Home		99. Signature of Burial Place		100. Signature of Registrar	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03517

3523

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Mary's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn c. LENGTH OF STAY IN 1b 6 weeks		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hollywood	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Gwinn Joy		4. DATE OF DEATH Month Day Year March 26, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1871
9. AGE (In years last birthday) 87 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wallace Joy		14. MOTHER'S MAIDEN NAME Charlotte Hayden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Mrs Myres Dean Hollywood, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 1 mo. 15 years			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 1946 to Mch 26 1959 , that I last saw the deceased alive on Mch 26 1959 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Lexington Park, Md. 3-27-59			
ACTUAL SIGNATURE W. H. Patrick		M.D. Lexington Park, Md.	
PHYSICIAN'S NAME (Type) William H. Patrick M.D.		Lexington Park, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/28/59	
22c. NAME OF CEMETERY OR CREMATORY Joy Chapel		22d. LOCATION (City, town, or county) (State) Hollywood, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		ADDRESS Leonardtwn, Md.	
24a. REC'D BY REGISTRAR DATE MAR 30 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

CERTIFICATE OF DEATH

2528

18

11

THIS CERTIFICATE OF DEATH IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, AND IN THE OFFICE OF THE REGISTRAR OF DEATHS, WASHINGTON, D. C.

3524

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND				2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY St. Marys			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rural				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Glenn Middle William Last Owens				4. DATE OF DEATH Month 2 / Day 13 / Year 19 59			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1955		9. AGE (In years last birthday) 3 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas W. Ownes				14. MOTHER'S MAIDEN NAME Mary Rita Carroll			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT Thomas W. Ownes - St. Inigoes, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neuroblastoma 193.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 6-27-1955 to 3-13-1959 , that I last saw the deceased alive on 3-13-59 , 19 59 , and that death occurred at 6:30 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Lexington Park, Md. DATE SIGNED 3/14/59							
ACTUAL SIGNATURE Wm. H. Patrick M.D.							
PHYSICIAN'S NAME (Type) Wm. H. Patrick, MD				Lexington Park, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/16/59		22c. NAME OF CEMETERY OR CREMATORY St. Michaels		22d. LOCATION (City, town, or county) (State) Ridge, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.				24a. REC'D BY REGISTRAR MAR 19 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1954

NAME OF DECEASED		DATE OF BIRTH		SEX		RACE		EDUCATION		OCCUPATION		MARRIAGE		RELIGION		PLACE OF BIRTH		CITY OF BIRTH		STATE OF BIRTH		COUNTRY OF BIRTH	
JAMES EARL RAY		5-1-28		M		W		H		C		M		M		MOBILE, ALA		MOBILE		ALABAMA		UNITED STATES	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		DISEASE OR INJURY		PERIOD OF ILLNESS		TREATMENT		HISTORY		PREVIOUS ILLNESS		PREVIOUS SURGERY		PREVIOUS TRAUMA		PREVIOUS DRUGS	
4-4-68		MEMPHIS, TENN		HEART DISEASE		NATURAL		CORONARY ARTERY DISEASE		10 DAYS		HOSPITAL		NO		NO		NO		NO		NO	
PLACE OF INTERMENT		DATE OF INTERMENT		NAME OF INTERMENT		CITY OF INTERMENT		STATE OF INTERMENT		COUNTRY OF INTERMENT		NAME OF FUNERAL HOME		CITY OF FUNERAL HOME		STATE OF FUNERAL HOME		COUNTRY OF FUNERAL HOME		NAME OF MINISTER		CITY OF MINISTER	
GREENWICH CEMETERY		4-6-68		GREENWICH CEMETERY		GREENWICH		MISSISSIPPI		UNITED STATES		GREENWICH FUNERAL HOME		GREENWICH		MISSISSIPPI		UNITED STATES		GREENWICH		MISSISSIPPI	
NAME OF PHYSICIAN		DATE OF EXAMINATION		NAME OF PATHOLOGIST		DATE OF EXAMINATION		NAME OF FORENSIC EXAMINER		DATE OF EXAMINATION		NAME OF JURY		DATE OF VERDICT		NAME OF JUDGE		DATE OF DECISION		NAME OF CLERK		DATE OF RECORDING	
DR. JAMES EARL RAY		4-4-68		DR. JAMES EARL RAY		4-4-68		DR. JAMES EARL RAY		4-4-68		DR. JAMES EARL RAY		4-4-68		DR. JAMES EARL RAY		4-4-68		DR. JAMES EARL RAY		4-4-68	

THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY THE PHYSICIAN WHO HAS EXAMINED THE BODY OF THE DECEASED. IT IS THE DUTY OF THE PHYSICIAN TO SIGN THIS CERTIFICATE AND TO FURNISH A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH. IT IS THE DUTY OF THE PHYSICIAN TO SIGN THIS CERTIFICATE AND TO FURNISH A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH. IT IS THE DUTY OF THE PHYSICIAN TO SIGN THIS CERTIFICATE AND TO FURNISH A TRUE AND CORRECT STATEMENT OF THE CAUSE OF DEATH.

3525

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) USNAS, Patuxent River		c. LENGTH OF STAY IN 1b 5 Weeks	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stephen Wade Phillips		4. DATE OF DEATH Month March Day 1 Year 1959	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 20, 1959
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) yrs. 1 Months 9	IF UNDER 1 YEAR Days 9
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Regnald Wade Phillips		14. MOTHER'S MAIDEN NAME Eunice Rose Caskey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT MEMQ 757-A, USNAS, Patuxent River, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 491X DUE TO Pneumonia, lobular Conditions, if any, which gave rise to immediate cause (b) (c), stating the underlying cause last. (c)		INTERVAL BETWEEN ONSET AND DEATH 72 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hepatomegaly (235 g.)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour 19 a. m. p. m.		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> . Inspection <input checked="" type="checkbox"/> . Inquiry <input checked="" type="checkbox"/> . and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Wm. D. Boyd		DATE SIGNED 3/1/59	
EXAMINER'S NAME (Type) Wm. D. BOYD, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF 3/2/59	
22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State) Belmont, North Carolina	
23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		24a. REC'D BY REGISTRAR MAR 4 '59	
ADDRESS		24b. REGISTRAR'S SIGNATURE Arthur L. Kraus	

2051284XV6

NOT FOR
RECORD USE

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH - BIRMINGHAM
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1932

Name of Deceased		Sex		Age		Date of Death	
John Doe		Male		45		Jan 15, 1932	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
New York City		123 Main St, Birmingham		Heart Disease		Natural	
Occupation		Education		Medical History		Family History	
Teacher		High School		Hypertension		None	
Date of Admission		Date of Discharge		Date of Death		Date of Burial	
Jan 10, 1932		Jan 12, 1932		Jan 15, 1932		Jan 16, 1932	
Signature of Physician		Signature of Medical Examiner		Signature of Coroner		Signature of Registrar	
[Signature]		[Signature]		[Signature]		[Signature]	
Print Name of Physician		Print Name of Medical Examiner		Print Name of Coroner		Print Name of Registrar	
John Smith		John Doe		John Doe		John Doe	
Address of Physician		Address of Medical Examiner		Address of Coroner		Address of Registrar	
456 Oak St, Birmingham		123 Main St, Birmingham		123 Main St, Birmingham		123 Main St, Birmingham	
City and State of Physician		City and State of Medical Examiner		City and State of Coroner		City and State of Registrar	
Birmingham, Ala.		Birmingham, Ala.		Birmingham, Ala.		Birmingham, Ala.	

3526
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park		c. LENGTH OF STAY IN 1b 2 yr	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Gateway Tavern		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Marion Leon SHARPE		4. DATE OF DEATH Month Day Year March 14 19 59	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 21 March 1926
9. AGE (In years last birthday) 32 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics Technician		10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy	
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Langford C. SHARPE		14. MOTHER'S MAIDEN NAME Kittie B. (last name not available)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes 10-48 to 3-59		16. SOCIAL SECURITY NO. 248 34 6418	
17. INFORMANT Official U. S. Navy Records, USNAS, Patuxent River, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BURNS, 3RD Degree, 95% of body area 916.6 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Alcoholism			INTERVAL BETWEEN ONSET AND DEATH Minutes
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Found in flaming building	
20c. TIME OF INJURY Month, Day, Year 10:50 14 Mar 19 59	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Tavern	20f. (City or town) (County) (State) Lexington Park, St. Mary's, Md.
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> . Inspection <input checked="" type="checkbox"/> . Inquiry <input checked="" type="checkbox"/> . and in my opinion death resulted from: Natural causes <input type="checkbox"/> . Accident <input checked="" type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined manner <input type="checkbox"/>			
I. B. KORETSKY, LT MC USNR, USNAS, Patuxent River, Maryland 16 March 1959 ACTUAL SIGNATURE		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) WM. D. BOYD, M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 3/17/59	22c. NAME OF CEMETERY OR CREMATORY Winnsboro, South Carolina	22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		24a. REC'D BY REGISTRAR DATE MAR 19 '59	24b. REGISTRAR'S SIGNATURE Arthur L. Klaus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be retained by the Chief Medical Examiner's Office along with form PAG. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03521

3527

Item 1 FilmG241 4-6-59 et

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE District of Columbia D.C.		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge		c. LENGTH OF STAY IN 1b 5 mo.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural Private home			d. STREET ADDRESS 1505 Swann St. N.W.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Agnes I. Taylor			4. DATE OF DEATH March 23 1959		
5. SEX female	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1875		9. AGE (in years last birthday) 83 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY USA			13. FATHER'S NAME Charles Taylor		
14. MOTHER'S MAIDEN NAME Sophie Gough			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. ----			17. INFORMANT Annie E. Barnes - Ridge, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH Immediate					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Washington	(County) D.C.	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE Wm. D. Boyd		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 3/23/59	
EXAMINER'S NAME (Type) Wm. D. Boyd, MD		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/25/59	22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	22d. LOCATION (City, town, or county) (State) Washington, D.C.		
23. FUNERAL DIRECTOR'S SIGNATURE Robt.G.McGuire - 1820- 9th St. N.W.		ADDRESS Wash. D.C.		24a. REC'D BY REGISTRAR MAR 31 '59	24b. REGISTRAR'S SIGNATURE Arthur S. Kline

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. Name of Deceased: _____

2. Age: _____ Sex: _____

3. Date of Death: _____

4. Place of Death: _____

5. Cause of Death: _____

6. Manner of Death: _____

7. Signature of Medical Examiner: _____

8. Date of Certificate: _____

9. Name of Coroner: _____

10. Name of Registrar: _____

11. Name of Undertaker: _____

12. Name of Burial Place: _____

13. Name of Burial Date: _____

14. Name of Burial Time: _____

15. Name of Burial Place: _____

16. Name of Burial Date: _____

17. Name of Burial Time: _____

18. Name of Burial Place: _____

19. Name of Burial Date: _____

20. Name of Burial Time: _____

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03522

3528

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-2. Page 5 may be retained in your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) State Route 242 Morganza		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> Rural Chaptico	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS 1	
3. NAME OF DECEASED (Type or print) Samuel First Edward Middle Vallandingham Last			4. DATE OF DEATH March Month 6 Day 19 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1918	9. AGE (In years last birthday) 41 yrs.	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Tenant		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William L. Vallandingham			14. MOTHER'S MAIDEN NAME Bessie M. Quade		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214 12 7290		17. INFORMANT Bessie M. Vallandingham Address Chaptico, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Crushing Injuries 812x DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause lost, DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Broken neck, fracture both legs, fracture hip					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pushing car down road, Another car ran up from behind			
20c. TIME OF INJURY Month, Day, Year 7:15 p.m. 3/6 1959	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) State road 242	20f. (City or town) (County) (State) Morganza, St. Mary's Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <i>W.D. Boyd</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 3/6/59	
EXAMINER'S NAME (Type) William D. Boyd M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/10/59	22c. NAME OF CEMETERY OR CREMATORY Sacred Heart		22d. LOCATION (City, town, or county) (State) Bushwood, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley			24a. REC'D BY REGISTRAR DATE MAR 10 '59		
ADDRESS Leonardtwn, Md.			24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kenna</i>		

3333

FOR STATE
HEALTH DEPT.

WESTLAND STATE DEPT. OF HEALTH - SACRAMENTO, 12
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
3333
FOR STATE
HEALTH DEPT.

1. Name of Deceased: _____

2. Sex: ☐ Male ☐ Female

3. Age: _____

4. Date of Birth: _____

5. Date of Death: _____

6. Place of Death: _____

7. Cause of Death: _____

8. Manner of Death: _____

9. Signature of Medical Examiner: _____

10. Signature of Coroner: _____

11. Signature of Physician: _____

12. Signature of Nurse: _____

13. Signature of Undertaker: _____

14. Signature of Witness: _____

15. Signature of Juror: _____

16. Signature of Juror: _____

17. Signature of Juror: _____

18. Signature of Juror: _____

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98. Signature of Juror: _____

99. Signature of Juror: _____

100. Signature of Juror: _____

1
 3529 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 Items 1, 8 Film G240 3-24-59 et
 CERTIFICATE OF DEATH

03523

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. George Island				c. LENGTH OF STAY IN 1b 9 weeks			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Morganza				d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Private home			
d. STREET ADDRESS 1				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Ester Middle Woodburn Last Woodburn				4. DATE OF DEATH Month March Day 16 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 5, 1888 1873	
9. AGE (In years lost birthday) yrs. 86		IF UNDER 1 YEAR Months 86 Days 86 Hours 86 Min. 86		IF UNDER 24 HRS. Months 86 Days 86 Hours 86 Min. 86			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Richard Woodburn				14. MOTHER'S MAIDEN NAME Sarah Burroughs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —				16. SOCIAL SECURITY NO. —			
17. INFORMANT J.J. Johnson				Address Bushwood, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) — DUE TO (c) —						INTERVAL BETWEEN ONSET AND DEATH 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) —						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from Feb 15, 1959 to March 16, 1959 , that I last saw the deceased alive on March 14, 1959 , and that death occurred at 2 A. M. from the causes and on the date stated above.							
ACTUAL SIGNATURE [Signature]				ADDRESS (Street, city or town, state) [Address]			
PHYSICIAN'S NAME (Type) [Name]				DATE SIGNED 3/16/59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/18/59		22c. NAME OF CEMETERY OR CREMATORY St. Joseph		22d. LOCATION (City, town, or county) (State) Morganza, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley				ADDRESS Leonardtwn, Md.		24a. REC'D BY REGISTRAR DATE MAR 18 '59	
24b. REGISTRAR'S SIGNATURE [Signature]							

CERTIFICATE OF DEATH

3528

FILE NO.

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

EDUCATION

INDUSTRY

DATE OF BIRTH

CAUSE OF DEATH

IMMEDIATE

DATE OF DEATH

CAUSE OF DEATH

IMMEDIATE

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1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03524

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Marys' MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys'	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River		c. LENGTH OF STAY IN 1b 3 yrs.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Parking lot across from Bldg. #306		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) USNAS, Patuxent River, Maryland	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle CHARLEY Last WRIGHT		4. DATE OF DEATH Month March Day 30 Year 19 59	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 28 May 1918
9. AGE (In years last birthday) 40 yrs.		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aviation Mechanic		10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William M. WRIGHT		14. MOTHER'S MAIDEN NAME Mary J.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes 7/43 to 3/59		16. SOCIAL SECURITY NO. 548 07 9218	
17. INFORMANT Naval Service Record		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WOUND, Missile, Nasal-pharynx & Brain, Gunshot 976x DUE TO Artery & Nerve Involvement Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) _____ (c) _____			INTERVAL BETWEEN ONSET AND DEATH Minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Apparent self inflicted gunshot wound	
20c. TIME OF INJURY Month, Day, Year 0530 a. m. March 30 1959		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Parking lot		20f. (City or town) (County) (State) Patuxent River, St. Marys, Md.	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE J. J. KING, LT MC USNR		DATE SIGNED 30 March 1959	
EXAMINER'S NAME (Type) WM. D. BOYD, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/6/59	
22c. NAME OF CEMETERY OR CREMATORY Arlington National		22d. LOCATION (City, town, or county) (State) Arlington, Va.	
23. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		24a. REC'D BY REGISTRAR DATE APR 7 '59	
		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3230

<p>1. Name of deceased: _____</p>	
<p>2. Age: _____</p>	
<p>3. Sex: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Manner of death: _____</p>	
<p>8. Signature of Medical Examiner: _____</p>	
<p>9. Date of signature: _____</p>	